

Health Department, City of Baltimore.

Permit No.

131

Office of Registrar of Vital Statistics.

Ward

20 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 31

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ida F Weaver

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

32 Years,

Months,

Days

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balt Md

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

825 N Fremont St
diabetes

Cause of Death,

{ First (Primary),

Second (Immediate),

Duration of Last Sickness,

about 4 months

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

June 2nd 1887

{ Undertaker,

H. Lewis Schaefer

{ Place of Business,

316 N. Fremont St

Address,

1205 W Fayette St

Robt K Kneass M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 132 Office of Registrar of Vital Statistics. Ward 15

The Physician who attends any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, May 31 87
Full Name of Deceased, Henrietta Marrow
Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, Female Cross out the word not required in this line.
Age, 54 Years, 0 Months, 0 Days.
Color, Colored

Married, Single, Widow or Widower, Single Cross out the words not required in this line.

Occupation, _____
Birth Place, Maryland { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, 107 York { Give Street and Number. }

Cause of Death, Phthisis
Asthma { First (Primary), Second (Immediate), }

Duration of Last Sickness, _____
All the above information should be furnished by the Physician.

Place of Burial, Marble Cemetery

Date of Burial, June 2 1887

Undertaker, Hercules Ross M. D.

Place of Business, 44 Canby St Address, 617 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 133

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is requested to fill out this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Reynolds

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Moulder

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } Q. J. Hospital

Cause of Death, { First (Primary), Second (Immediate), } Chronic Pleurisy
Asthma

Duration of Last Sickness, 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 13, 1887

Undertaker, M. Clark & Co. Oscar J. Foster M. D.

Place of Business, P. D. and Address 624 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 134 Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 1, 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Mr. H. Rayzand

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, 81 Years, _____ Months, _____ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. ✓

Occupation, Justice of the Peace

Birth Place, State or country, and how long in the United States, if of foreign birth. Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, Give Street and Number. 304 N. Carey St

Cause of Death, First (Primary), Cerebral Apoplexy
Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, June 3rd 1887

Undertaker, Joseph T Byrne J. H. Williams M. D.

Medical Attendant.

Place of Business, 39th Liberty Address, 400 Madison Ave

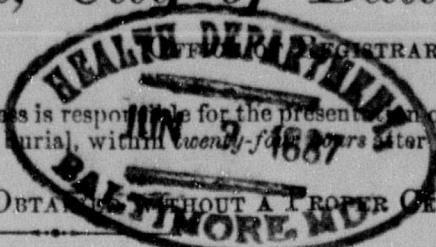
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 10

Permit No. A 135



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 1 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Charlotte Mc Lellan Wheeler

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 85 Years, 7 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Dorchester Mass

Duration of Residence in the City of Baltimore, 3 Wks

Place of Death, { Give street and number } 734 George St

Cause of Death, { First, (Primary,) apoplexy Second, (Immediate,) coma }

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 3rd 87 Ira L Fetterhoff M. D.

Medical Attendant.

{ Undertaker, Mrs Weaver }

{ Place of Business, 738 N Eutan Address, 1418 Daniel Hill }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. G. DULANT & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department of Baltimore.

Permit No. 136 Office of Registration of 1887 Statistics. Ward 3¹¹

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Cummings

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 62 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } #233 South Washington

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 3rd 1887

Undertaker, Denny & Mitchell Benjamin M. D.

Place of Business, 208 S Broadway Address, Indy Road St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No.

137

Office of Registrar

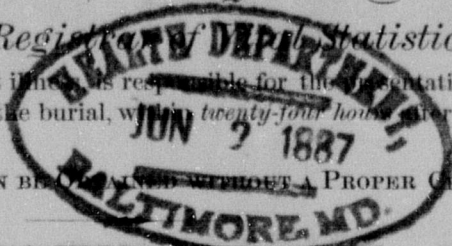
Statistics.

Ward

7th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE GRANTED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 1st 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret A. Callen

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

7

Months,

—

Days.

Color,

white

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or country, and how long in the United States, if of foreign birth. }

Balto. Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give street and number. }

N. E. Cor. Eager & Central St.

Cause of death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Dentition
Inflammation Stomach — Acute

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral

Date of Burial,

June 3rd 1887

Undertaker,

Geo. P. Byrne

Place of Business,

302 N. Eager St.

Address,

Dr. Burkholder M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 138 Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1887

Full Name of Deceased, William G. Fales

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Paper Hanger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 412 N Bond Street

Cause of Death, {First (Primary), Alcoholic Intemperance
Second (Immediate), Heart dilatation. Congestion of lungs}

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, June 3rd 1887

{ Undertaker, Wmmy Butcher Ed Hall Ruddle M. D.

{ Place of Business, 208 S Broadway Address, 403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

Health Department City of Baltimore.

Permit No.

A 139

Office of Registrar of Vital Statistics.

Ward

4

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May, 31st 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Laura J Daughter of Walter & Cornelia Rathell

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

1

Years,

3

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Infant

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Balto

Duration of Residence in the City of Baltimore,

Place of Death,

Give Street and Number.

1105- Grand St

Cause of Death,

First (Primary),

Injury to leg = Abscess

Second (Immediate),

Pneumonia

Duration of Last Sickness,

Twenty five days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel

Date of Burial,

June 2nd 1887

Undertaker,

H. Sanders & Son

A. Regalberty

M. D.

Medical Attendant.

Place of Business,

1710 Canton St

Address, 1102 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

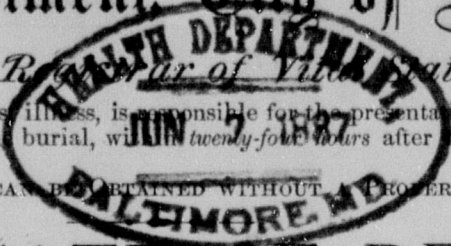
The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 140 Office of Registrar of Vital Statistics. Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 31 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward A Bumpus

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Lexington Va

Duration of Residence in the City of Baltimore, Six months

Place of Death, { Give Street and Number. } 2102 Madison ave

Cause of Death, { First (Primary), Second (Immediate), } Tumor of Brain
Coma & Paralysis

Duration of Last Sickness, Unwell to bed 8 days Sick 4 or 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Lexington N. A

Date of Burial, June 2nd 1887

{ Undertaker, John J Andrews } A. C. Pole M. D.

{ Place of Business, 10407 Druid Hill Ave } 2102 Madison Ave Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Special Permit

[OVER.]